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Analysing one dataset with two qualitative methods: The distress of General Practitioners, a thematic AND interpretative phenomenological analysis

Abstract

General practitioners (GPs) in the UK are vulnerable to poor mental health. We conducted a qualitative study aiming to uncover barriers to help-seeking for this group. Forty-seven GPs were interviewed about depression, anxiety, stress and/or burnout. Transcripts contained data of pragmatic and existential interest. We wished to explore data for breadth and depth, giving due recognition to participants' complex accounts. Therefore, we conducted a dual analysis of the dataset, applying Thematic Analysis to transcripts from the full sample, and Interpretative Phenomenological Analysis to a sub-sample: GP partners with more than 10 years' experience. This paper makes transparent our analytic process and compares findings from the two methods, which complemented one another to produce a multi-layered understanding of the phenomena. The methods demonstrated breadth v depth, explicit v hermeneutic interpretation and pragmatic v existential. We conclude that pairing thematic analysis and IPA is useful for analytic pluralism.

Keywords: Analytic pluralism; general practice; interpretative phenomenological analysis; mental health; thematic analysis

1. Introduction

General Practitioners (GPs) in the UK are working under increased pressures, with decreasing resources (Croxson et al., 2017). Numbers of GPs as well as the funding for them

have fallen (Baird et al., 2016, McDonald et al., 2016), whilst workload and expenses have risen (Baird et al., 2016, Hobbs et al., 2016).

When compared with the general population, this group are more likely to suffer from depression, anxiety, chronic stress and/or burnout (Murray et al., 2016). In addition, doctors in general and GPs in particular are more at risk of suicide than the general population (Braquehais et al., 2016).

Many GPs have left the profession (Doran et al., 2016) or plan to leave or reduce their hours within the next five years (Fletcher et al., 2017). It is therefore imperative that research explores the experiences of GPs and the emotional impact of their work, including chronic stress, mental illness and distress in order to fully support this vulnerable group and ensure continued standards of patient care.

The qualitative study discussed in this paper aimed to explore sources of distress as well as barriers and facilitators to help-seeking for GPs. A total of 47 GPs were interviewed about their experiences. Transcripts arising from these interviews were rich and contained data of interest both on pragmatic and existential levels. We wished to explore data for both breadth and depth, believing this to be crucial for disseminating key findings and giving due recognition to participants' in-depth, complex and rich accounts of their meaning-making.

Qualitative data tends to be complex. As such, a single data set may benefit from a range of analytic approaches to unpack different possible meanings within it (Clarke et al., 2015). Analytical pluralism (Clarke et al., 2015) refers to studies which utilize mixed qualitative methods. Such studies are growing in popularity (Burck, 2005, Frost et al., 2011, Frost and Nolas, 2013, Savage, 2000, Robinson and Smith, 2010). Analytic pluralism does not necessarily seek one over-riding 'truth' about a set of data, but instead uncovers a multi-dimensional understanding of the various elements at play within that set (Frost et al., 2011).

Multi-method studies also have the potential advantages of being easier to disseminate to a wider range of audiences and of balancing the strengths and limitations of individual methods against each other (Frost et al., 2011).

We interrogated our data using Thematic Analysis (TA, Braun and Clarke, 2006) and Interpretative Phenomenological Analysis (IPA, Smith et al., 2009). The breadth of experience discussed by participants and elicited by the interview schedule meant that the data was suitable for both methods; this will not always be the case in a qualitative study. We set out to uncover pragmatic and phenomenological aspects of the phenomenon; that is, the experience of living, working and seeking help for distressed GPs (Riley et al., 2017, Riley et al., 2018, Spiers et al., 2017a, Spiers et al., 2018). Our aim for this paper is dual; to present and discuss our use of analytic pluralism, and to advance psychological knowledge by demonstrating findings which arise in the comparison between findings from the two analyses (Clarke et al., 2015).

2. Methods

2.1 Participants

Interviews with 47 GPs from around England were conducted. This was the participant group for the TA. Potential participants were asked to self-select which of the following categories they most identified with:

1. Living with anxiety, depression, stress and/or burnout
2. Returning to work following treatment for such problems
3. Off sick or retired early because of mental distress
4. No lived experience of mental distress

Interested GPs were purposively sampled to represent a relatively even spread across these four groups, with the aim of obtaining a diverse set of data for the TA. For tables of detailed demographic participant info, see Spiers et al., 2018.

During TA, the first author kept a list of particularly rich interviews which would be suitable for a subsequent IPA analysis; that is, transcripts containing novel stories, insights and/or language. Thirty of the original 47 interviews were placed on this list, indicating the high level of complex experience within the initial participant group.

This list of transcripts was analysed to search for a demographically homogeneous group of GPs, hence fulfilling IPA's requirement for homogeneity (Smith et al., 2009). A total of 11 of the 30 richer transcripts came from a homogeneous group: GP partners living with distress who had been in practice for more than 10 years. This group was therefore selected for the IPA work, inductively giving rise to an IPA-appropriate research question: 'What is it like to be a GP partner living and working with distress?'

From the 11 transcripts, five interviews with female GP partners and five from male GP partners were selected by the first author to form the corpus for the IPA analysis. One transcript was rejected as it was deemed that this participant was not living and working with their own experiences of distress, but was instead discussing the experiences of colleagues, so therefore was not homogeneous.

2.2 Data collection and ethics

Both authors, who are experienced qualitative researchers, undertook interviews with the participants. Interviews took place in person and over the phone, and lasted between 27 and 126 minutes (mean = 69 minutes). The interview guide consisted of questions exploring wellbeing, stress management and help seeking. Interviews were semi-structured, and

interviewers followed up on points of interest to the participants, meaning that all interviews had the potential to be suitable for IPA as well as TA.

Ethical approval was granted by the South West-Frenchay Research Ethics Committee (reference number: 15/SW/0350).

2.3 Analysis

We set out to use TA (Braun and Clarke, 2006) to explore the experiences of the entire group of participants, and IPA (Smith et al., 2009) for a more existentially-informed investigation of a smaller, demographically homogenous group. TA was deemed an appropriate analytic method for addressing the key objectives of the study, including an exploration of the barriers and facilitators to help-seeking, and identifying a broad range of GP experience transferable to a wider population of GPs (Riley et al., 2017, Riley et al., 2018, Spiers et al., 2017a). Meanwhile, IPA is designed to focus on existential, idiographic elements by unpicking individuals' meaning-making about their experiences (Smith et al., 2009). In this way, the two methods had potential to capture a helpful multi-dimensional understanding of our dataset.

The first author (a qualitative psychologist) took the lead on both analyses, which were conducted one after another: TA followed by IPA. The wider research team consisted of a medical sociologist (the second author, also study PI), three academic GPs, a medical director, a retired GP with lived experience of distress, a medical student and two PPI representatives. Two members of this team (the second author and an academic GP) audited the TA, while the wider research team independently analysed a sub-set of transcripts, contributing to a refinement of those codes. A smaller group (the second author and the two academic GPs) audited the IPA.

2.4 Thematic analysis

Thematic analysis (Braun and Clarke, 2006) is a flexible qualitative method that involves making several decisions about data collection and analysis before they are undertaken (Braun and Clarke, 2006). We decided to use an inductive, explicit, critical realist approach, since this was in keeping with our desire for a data-driven, pragmatic analysis. In addition, this meant that the TA and the IPA were underpinned by similar epistemologies, since IPA also takes a critical realist stance (Smith et al., 2009). Therefore, findings from the two analyses can be meaningfully compared (Clarke et al., 2015).

TA began while interviews were ongoing. Transcripts were analysed one by one using NVivo 11. As analysis progressed, a table of emergent codes was developed and refined. Each new transcript led to codes being expanded or adjusted. Once all transcripts were analysed, the first author refined each code, looking for duplicate codings or emerging patterns. A code book of key points from all interviews was drawn up. Emergent themes were discussed by the team.

A table of themes was drawn up for the major themes arising from the analysis. Analysis continued into the writing process.

2.5 Interpretative phenomenological analysis

Transcripts for the secondary analysis, using IPA, were selected as described above. The first author took the lead on this analysis, which followed the traditional steps of IPA (Smith et al., 2009) and aimed to explore how participants made sense of their experiences as well as their existential concerns, distinguishing this analysis from the broader aims of the TA. Transcripts were analysed in their entirety one at a time. Each transcript was read and re-read, and then initial detailed notes were made. These notes were then developed into emerging themes,

capturing key elements of the participant's experience. Themes were drawn up into a table of themes. Once each participant had a table of themes, these tables were compared across cases, looking for convergences and divergences, until a master table for all participants emerged. Analysis continued during writing up (Smith et al., 2009).

Skeleton tables of themes which informed our TA (table 1) and IPA (table 2) empirical papers can be seen below. The data featured in this paper was guided by these tables. However, to avoid repeating use of data, we here present quotes which were not included in final tables, hence using skeleton tables to avoid confusion.

>>>>tables 1 and 2 here<<<<<<

2.6 Challenges of dual analysis

The first author (JS) took the lead on both analyses. She is an experienced IPA practitioner and found it challenging to maintain an explicit, rather than hermeneutic, level of analysis during the TA. The rest of the research team, several of whom were more experienced in using qualitative methods similar to TA, lent their expertise to help keep this analysis more pragmatically focused. In addition, JS kept brief notes on any hermeneutically interesting data as she performed the TA, so that she could return to these points during IPA.

As the IPA began, the first author had concerns around approaching these 10 interviews with fresh eyes. To re-immers herself in the data, she listened to the interviews again, a technique which helped separate the second analysis from the first. It is helpful to consider Sandelowski's stance on primary and secondary analysis here (2011). She proposes that data is transformed when a researcher approaches it again with a different mind-set. This

is consistent with the first author's experience; despite concerns that re-analysis of data might prove challenging, the first author found that the different approach meant data revealed itself differently, and so analytic pluralism was achieved.

3. Findings

Empirical findings from this study are published elsewhere (Riley et al., 2017, Riley et al., 2018, Spiers et al., 2017a, Spiers et al., 2018). This paper presents ways in which our TA compares with the IPA. The analyses contrasted in terms of breadth v depth; semantic v hermeneutic interpretations; and pragmatic v existential concerns. These distinctions arose inductively from the process of dual analysis, although the language used to define the distinctions was guided by the first author's experience and knowledge of qualitative research in general and IPA in particular. Note that since there were 47 participants in the TA, and since that analysis was more concerned with pragmatic findings which could be broadly applied across the group, participants for this analysis were not given pseudonyms. IPA participants were given pseudonyms in order to help the reader follow idiographic details about individual participant stories. Therefore, quotes relating to the TA are attributed to participants identified by an ID number, and those relating to IPA are attributed to participants with a pseudonym.

3.1 Breadth v depth

The suggestion that studies which utilise larger samples produce broader findings whilst studies with smaller samples result in deeper findings is widely accepted as a common distinction between qualitative methods (Smith, 2015). To a certain extent, our use of analytical pluralism demonstrates this distinction.

For example, a similar theme arose in both analyses around the impact of practice culture on mental health. In the TA, this was coded as *practice culture* (under *sources of stress*), while in the IPA, this theme was named *toxic v supportive work partnerships*.

The following analysis can be used as an illustration of this distinction of breadth versus depth. Within the TA code of *practice culture*, participants described a range of different problematic issues, such as discrimination:

I was even told that by one of the male partners, “Oh, since you’ve had children you haven’t been able to cope with taking things on in the same way. Do you want to drop your sessions?” (P31)

Attitude of colleagues to time off sick:

Then there was a comment made which was, ‘well, you know we just have to look at who we’re bringing in to this profession these days. Because, you know, in my day, well, when my son died in a car accident I took two days off.’ (P24)

And relationships with colleagues:

The times that I’ve been the most stressed is whenever there’s been any slight conflict with colleagues. (P2)

These quotes demonstrate the breadth of issues that may arise for GPs within practice culture. However, due to the broad approach of the TA, a deeper unpicking of the issues was not sought. This is where IPA comes into play. Diana talks about the atmosphere at her practice:

I don’t like going to work. I’m better now but there was a time when I would just, seeing patients was agony. Now I enjoy seeing patients. But I don’t feel comfortable in the building. I’m beginning to feel a bit more comfortable in my room and changing it around a bit. And the doctor that shares it with me is a new doctor. So I never see her but I like her. She’s always nice to me; she treats me normally.

This quote suggests that Diana does not feel safe at work. She attempts to regain control of this threatening environment by changing her physical environment; however, she still feels uncomfortable in the wider building, because of disagreements with her partners. She uses downward comparison with her previous self ('there was a time it was agony') to bolster the way she feels now, despite her continuing distress. Note also how being treated 'normally' by a doctor she never sees feels positive for Diana, implying that her relationships with her other colleagues are abnormally distressing. This is especially interesting when considered in relation to Sartre's relational phenomenology (Sartre, 1943). For Sartre, the people who are absent are as important to our engagement with the world as those who are present. Diana's experience of this absent doctor changes her experience of her situation.

The TA alerts us to a broad group of stressful issues within practice culture, while the deeper IPA lens allows the researcher to engaged more critically with the existential aspects of participants' experiences by focusing the lens beyond an explicit interpretation, and so offers more detail around the experiential elements of a GP's struggle to work in a hostile atmosphere. Therefore, one could argue that this dual analysis demonstrates the how TA offers breadth and while IPA offers depth.

However, while there is nothing wrong with this so far as it goes, an experienced qualitative researcher might argue with this reasonably simplistic distinction. It could be suggested that the primary difference here is the time taken over the IPA, which the smaller sample allowed. As Halling has said, "In everyday life, each one of us is a phenomenologist" (2010). If this is the case, is IPA really doing anything the TA does not have the potential to also do? After all, the same data was considered for both analyses, so the IPA findings were within the TA data, waiting to be picked out.

IPA is distinct from TA due to, amongst other things, its focus on the meaning bestowed on phenomena by particular individuals; that is, its idiographic focus (Smith et al.,

2009). It is this idiographic focus which drives the smaller sample sizes characteristic of IPA and so allows the researcher extra time to delve deeply into data. However, in addition, idiography is just one of a set of lenses which IPA brings to the table which invites that deeper exploration. These lenses also include the embodied, existential and relational elements of phenomenology (Smith et al., 2009). It is the introduction of these lenses which guides the researcher towards a deeper interpretation, such as our observation that the absent doctor influences Diana's experience. It is not that the TA quotes cited above are incompatible with a deeper reading; how could they be, when they come from the same dataset? Rather, the lenses through which an IPA researcher looks allows for this deeper unpicking.

3.2 Explicit v hermeneutic interpretation

Thematic analysts have to make a decision about whether to identify themes at an explicit or latent level (Braun and Clarke, 2006), with explicit analysis attending to the manifest meaning of the data and latent referring to a deeper digging into the range of meanings offered by the data. As an example, an explicit interpretation of a jelly would seek to describe the jelly's surface and form, while a latent interpretation would seek to identify the features which denote its form and meaning (Braun and Clarke, 2006, p. 84).

We conducted our TA with an explicit lens (Braun and Clarke, 2006) in order to focus on the more pragmatic elements of the data. This contrasts well with IPA, which uses a hermeneutic approach and has the potential to employ different layers of interpretation to uncover the range of possible latent meanings implicit within the data (Smith et al., 2009). Of course, based on Braun and Clarke's paper (2006), a latent lens could have been used within the TA, thus creating an analysis that looked more like IPA.

The differences between these approaches is illustrated with analysis of the following quote. Note that [...] indicates editorial elision, usually interjections from the interviewer. Frank (P20) was asked if he felt that his experience of depression had been normalised:

Now I see it [depression] as very normal, I think almost as inevitable. I also see that many of my colleagues (pause) and the people I see around me, I think, you know, are on the brink. We're all – you know, general practice is in a depression at the moment. [...] Everyone is sad. They're sad for what's lost. They're sad for the way they're treated. They are battling every day.

During TA, explicit analysis coded this quote as 'depressive nature of general practice', a code to which 24 of the 47 participants contributed. This code spoke to the normalisation of depression within general practice, and the way in which participants perceived that this depression had come to characterise the profession.

The hermeneutic IPA lens sets out use multiple layers of interpretation (Smith et al., 2009) to access the latent meanings within the data, and thus offers deeper exposition of the way Frank makes sense of his own experience, in line with the aims of the method. The first layer of interpretation is descriptive, telling us that both Frank in particular and general practice in general is experiencing a depression.

A second, linguistic layer of interpretation takes note of Frank's repeated use of the word 'sad'. This is a simple word, yet denotes such hopelessness, especially when applied to 'everyone' in the profession.

A third, metaphorical layer of interpretation is concerned with Frank's depiction of general practice as a war zone. 'Battling' GPs, 'sad for what's lost', are soldiers trying to keep fighting, but with the cards stacked against them. The term 'depression' could be read in two ways here: as the lowered mood of the profession, but also as a depression in the earth, a

trench in which GPs are hunkered, regrouping before going out to fight again. Frank's use of the term 'on the brink' suggests that those battling in the profession are in danger of freefall; they are in an existentially vulnerable position.

This more hermeneutic reading of the quote demonstrates how layers of interpretation can uncover the range of meaning inherent within Frank's words. In this way, this small extract of data helps to make sense out of the whole corpus of transcripts within in the IPA, demonstrating that General Practice can be viewed as a complex and multi-layered battlefield

These contrasting analyses further demonstrate the helpful differences within our dual analysis, with an explicit TA showing the prevalence of this depth of feeling within our sample, and IPA adding resonance to that experience through hermeneutic layers of interpretation that unpick the latent meaning within the data.

3.3 Pragmatic v existential focus

An initial aim of our study was to investigate barriers and facilitators to help-seeking for GPs in distress (Spiers et al., 2017b). This is a clear pragmatic goal. In contrast, the IPA had an existential focus; we were interested in uncovering idiographic details about what it was like for those particular GP partners to be living and working with distress. In addition, the differing sample sizes had to be treated with different levels of detective work given the constraints of both time and manageability. Employing the idiographic lens of the IPA study to all 47 participants in the TA sample would have been unwieldy and overly time consuming, and would have produced findings that were hard to present coherently.

As such, the two methodologies employed different lenses. The deliberately idiographic lens of the IPA study, informed by the existential elements of the method (Smith et al., 2009), teamed with a smaller sample size, allowed for a more in-depth unpicking of the data than the wider, more pragmatic TA lens and its accompanying larger sample.

The TA analysis uncovered barriers and facilitators to help-seeking for GPs living with distress (Spiers et al., 2017a), and so provided pragmatic findings that have the potential to be used to inform an intervention to support these GPs.

IPA's different lens is illustrated by a theme which arose from the IPA pertaining to identity, a deeply existential concern. This theme drew attention to the internalised identity conflict that some participants experienced in regard to taking on the role of GP. Chloe talks here about how the doctor role was inescapable for her from an early age:

I was under a lot of family pressure to do medicine. It wasn't my first choice of career. I didn't enjoy my undergraduate training at all. But unfortunately I'm one of those people who is very good at work and very good at getting good degrees and good A Level results and all that sort of stuff, and I just kept going with it really, rather than saying, "Actually, really I don't enjoy this." (Chloe)

Academic prowess is a curse for Chloe, rather than a privilege, as it traps her in a career she doesn't enjoy. Her use of the phrase 'just kept going' implies that she has been swept along this career path; any control and autonomy are surrendered.

For Duncan, this sense of the doctor role being inescapable leaked into his personal life at a time when his mother became terminally ill:

You can't just put one role down completely, you know. [...] I'd got a big family and they were all, looking to me whenever she got, whenever her symptoms deteriorated, it was always, "Well, what are we going to do now, Duncan?" (Duncan)

Duncan's inescapable doctor role is reinforced by his family's worries, and has the potential to limit Duncan's ability to be a son as well as a doctor.

Similar findings were not uncovered in the TA, but only came to light during the secondary IPA analysis. We believe this is in part due to a deliberate reflection on more pragmatic matters such as barriers to help-seeking. However, it could again be argued that the

time allowed for analysis has a part to play in these different levels of findings. As stated earlier, the data themselves did not change; the participants in the IPA study were drawn from the wider TA pool, so of course it is possible that these findings linked to identity could have appeared and shone forth within a thematic analysis. However, the deliberately existential lens of the IPA teamed with the smaller sample size characteristic of the method – allowing more time for detective work – demonstrates the differing pragmatic and existential positioning of the two methods.

4. Discussion

The findings presented in this paper are of interest from both a methodological and a psychological perspective (Clarke et al., 2015).

Methodologically, we have seen how the dual use of TA and IPA has resulted in findings which have both breadth and depth, and which are semantic and hermeneutically driven. While the TA was informed by an explicit, pragmatic focus, the IPA was more informed by the existential concern of that method (Smith et al., 2009). In these ways, the dual analysis offers a complex, multi-layered understanding of experiences of GPs living and working in distress, and so can be considered a useful example of analytical pluralism (Clarke et al., 2015, Frost et al., 2011).

Frost and colleagues (2011) have suggested that advantages of qualitative pluralism include better opportunities for dissemination. We propose that this project is an example of these advantages. By publishing findings in medical journals (Riley et al., 2017, Riley et al., 2018), general practice journals (Spiers et al., 2017a) and health psychology journals (Spiers et al., 2018) as well as this methodological journal, we have increased the reach of this study.

Further to this, dissemination of the study findings has impacted on policy and has raised awareness of the barriers and challenges facing GPs. Through early discussions with NHS England, the key barriers and facilitators to help-seeking were incorporated into their commissioning framework for the development of a new occupational health service for GPs ‘GP Health’.

We would suggest that TA and IPA work well together as methods to draw out multiple elements of a large qualitative data set, and that future researchers may also wish to adopt this combination of methods. The combination of pragmatic and existential lenses has the potential to satisfy the range of requirements that a multi-disciplinary research team such as ours may have of a single dataset.

In terms of scientific findings, we have seen that practice culture can be problematic for GPs due to discrimination, the attitude of colleagues to time off, and relationships with colleagues, and that the latter may be managed through downward comparison and retention of small elements of control. Despite evidence that disagreements between medical colleagues can be a cause of stress (Brooks et al., 2011), there is little research around doctor to doctor relationships (Garelick and Fagin, 2004) and, as far as we can see, a complete lack of research focused on GP to GP relationships, an area which seems especially pertinent for GP partnerships. Hence, our findings around the difficulties that exist in relationships with GP colleagues are important. Garelick and Fagin (2004) state that doctors’ relationships need a healthy working environment to thrive, and that scarce resources, unequal workloads and discrimination are among the factors that threaten these relationships. Given the diminishing resources (Croxsom et al., 2017) and increasing workloads (Baird et al., 2016) GPs are having to manage, the breakdown in relationships described by these participants seems inevitable. Increased communication, empathy and self-awareness have been suggested as tools to help overcome disagreements between doctors (Mistry and Latoo, 2009, Garelick and Fagin,

2004); however, it is hard to see how GPs can find the time to develop and use these skills in their current situation.

We have seen that some GPs perceive their profession to be in a depression, and explored one participant's experience of this. The finding that GPs in particular and doctors in general are vulnerable to depression is robust (Balme and Gerada, 2016, Gold et al., 2016, Vijendren et al., 2015). The characterisation of general practice itself as being in a depression is striking and adds coherency to the perception of general practitioners as being over-worked, under-resourced and existentially vulnerable (Croxson et al., 2017, Baird et al., 2016, Hobbs et al., 2016).

5. Reflections

A potential limitation of this work was that the bulk of the analysis for both the TA and the IPA were conducted by the first author. It may have been preferable to have separate researchers conducting the two analyses, since this may have led to more distinct findings. We would recommend that authors wishing to utilise this dual analysis consider using a bigger team. However, due to restrictions of time and budget, that was not possible here.

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